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LICENSE NUMBER	:065000001		CITY OR TOWN	MANCHES"	TER
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 201	13
		CLASS		Y	YEAR
LICENSEE NAME:	BLUE SKY HOLD	INGS INC.			
DOING BUSINESS A	A MANCHESTER	ATHLETIC CLUB			
ADDRESS 8 ATWA	TER AVE.				
CITY/TOWN: MAN	NCHESTER	STATE: MA	ZIP CODE:	01944	
MANAGER: CALI KEIT	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE: Re	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I					
FIRST FLOOR, 6 RC LEVEL- OFFICE AN RESTAURANT ANI	ID LOUNGE AREA	3RD LEVEL;RES			
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of t	the same type for the	e same premises no	w licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premis	es are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON!	E NUMBER:	EMPLOYE	ER IDENTIFICATION	ON NUMBER:
			(Note: NOT I	ndividual Social Sec	curity Number)
We the undersigned Acts of 2004, signed named license and ( of 2010.	by the building ins	spector and the hea	d of the fire depar	tment for the a	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(ii disapproved explai	III <i>)</i>				
DATE:			-		



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LICENSE NUMBER: 06500	0004	CITY OR TOW.	N MANCHESTER
APPLICATION FOR RENE	WAL: Annu	al LICF	ENSED FOR 2013
	CLAS	SS	YEAR
LICENSEE NAME: THE DOING BUSINESS A	LANDING AT 7 CENTRA	Ĺ, LLC	
ADDRESS 7 CENTRAL ST			
CITY/TOWN: MANCHES	TER STATE:	MA ZIP CODE:	01944
MANAGER: SHEA, CHRISTOPI	TYPE OF LICENS	SE: Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:	LSO VISIT OUR WEBSITE AND ENTER	VOUD FMAIL ADDDESS	
DESCRIPTION OF LICENS		TOUR EMAIL ADDRESS	
1ST FL. RENOVATIONS: I 2ND. FL.: RENOVATE LA 130 SQ. FT.ADDED TO FU FUNCTION RM.( PLUS SE	NTERIOR RENOVATION DIES RM.,ELIMINATE BA NCTION RMSEATING	ALCONY ON 2ND.FL	FILL IN AAPPROX.
I hereby certify and swear ur	nder penalties of perjury tha	t:	
1. the renewed licen	se will be of the same type	for the same premises no	ow licensed;
2. the licensee has c	omplied with all laws of the	Commonwealth relating	g to taxes; and
3. the premises are i	now open for business (If no	ot explain below)	
SIGNED BY Indivi	dual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOY	'ER IDENTIFICATION NUMBER:
		(Note: NOT	Individual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspector and th	e head of the fire depa	
Please Check Below:		LOCAL LICE	NSING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065000005		CITY OR TOWN	MANCHES	STER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: FOREIGN AFFAIR	S, LLC			
DOING BUSINESS A FOREIGN AFFAIR	RS			
ADDRESS 26 CENTRAL ST.				
CITY/TOWN: MANCHESTER	STATE: MA	ZIP CODE:	01944	
MANAGER: GAUTHIER, TYPE FABIENNE BOEL	E OF LICENSE: Resi	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		1
DESCRIPTION OF LICENSED PREMISE	ES:			
FRONT ENTRANCE AND REAR EXITS KITCHEN. PARTIAL CELLAR FOR OPPORTU			BAR, LOUN	GE AND
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of the		=		
2. the licensee has complied with a		•	o taxes; and	
3. the premises are now open for b	usiness (If not expla	in below)		
SIGNED BY Individual, Partner of	or Authorized Corpor	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
		(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 1 of 2010.	ector and the head	of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		



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LICENSE NUMBE	K: 065000011		CITTOR TO	VN MANCHE	SIEK
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: MANCHESTER Y	ACHT CLUB			
DOING BUSINESS	S A				
ADDRESS 15 TUC	CKS POINT RD				
CITY/TOWN: MA	ANCHESTER	STATE: N	IA ZIP CODE	: 01944	
MANAGER: FAI	DDEN, JOHN J. TY	PE OF LICENSE	:Club	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
YACHT CLUB WI FROM PARKING	TH DECK, CLUB RO LOT	OOM AND FLOA	ATS. SINGLE ENT	RANCE AND E	XIT
I hereby certify and	swear under penalties	s of perjury that:			
•	wed license will be of		the same premises	now licensed;	
2. the licen	see has complied with	all laws of the C	ommonwealth relati	ng to taxes; and	
3. the prem	ises are now open for	business (If not e	explain below)		
SIGNED BY	Individual, Partner	or Authorized C	orporate Officer		
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICA Individual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the l	head of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(11 disapproved exp.	)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING T	HE MONTH OF NOVEMBI	ER (M.G.L. Ch. 138 \$ 1	6A)



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	065000012		CITY OR TOWN MANCE	IESTEK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	CROSBY'S M	IARKETS, INC.		
DOING BUSINESS A	CROSBY'S	MARKET PLACE		
ADDRESS 3 SUMME	ER ST			
CITY/TOWN: MAN	CHESTER	STATE: MA	ZIP CODE: 01944	
MANAGER:		TYPE OF LICENSE: P	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PR	EMISES:		
		O CELLAR FOR STORA AD SIDE. REAR OF BI	AGE. ENTRANCE AND EXIT LDG	ON SAID
2. the licensee	d license will be has complied	be of the same type for the	e same premises now licensed; nmonwealth relating to taxes; an plain below)	d
SIGNED BY	Individual, Pa	artner or Authorized Corp	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING AUT By:	THORITY
DATE:			-	



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 065000013		CITY OR TOWN	VIANCHESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
DOING BUSI		ER. CHASE CORP N'S OF MANCHESTER	BY THE SEA	
ADDRESS 40				
CITY/TOWN:	MANCHESTER	STATE: MA	ZIP CODE:	01944
MANAGER:	CHASE, LAWRENCE R.	TYPE OF LICENSE: Pa	ackage Store CAT	TEGORY: All Alcohol
EMAIL ADDR	RESS:	_		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED PF			
		FOR SALES, REAR FOI nalties of perjury that:	R STOCK	
	premises are now ope	d with all laws of the Con en for business (If not exp dartner or Authorized Corp	olain below)	axes; and
DATE:	TELEF	PHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSIN By:	NG AUTHORITY
DATE:			-	



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 065000016		CITY OR TOWN MANCH	ESTER
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: SEA BREEZE VAR NESS A RICHDALE CONV			
		ENIENCE STOKE	2	
ADDRESS BE		GT A TO	5TD G0DE 04044	
CITY/TOWN:	MANCHESTER	STATE: MA	ZIP CODE: 01944	
MANAGER:	JOHNSON, KEVIN TYPE P.	OF LICENSE: Pac	kage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISE	ES:		
ONE FLOOR.	STORAGE AND SALES A	REA. NO CELLAR	1	
I hereby certify	and swear under penalties of	f perjury that:		
			same premises now licensed;	
	-		nonwealth relating to taxes; and	l
3. the	premises are now open for b	usiness (If not expla	nin below)	
SIGNED BY	T 1' ' 1 1 D .	A 41 ' 1.G	. Off	
	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Please Check Belo	DW:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE	ED:		•	
(If disapproved	l explain)			
DATE:				



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LICENSE NUMBER: 065000024		CITY OR TOWN MANCHESTER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: NEIGHBORLY I DOING BUSINESS A CALA'S	RESTAURANT GROU	P INC.
ADDRESS 7 BEACH ST		
CITY/TOWN: MANCHESTER	STATE: MA	ZIP CODE: 01944
MANAGER: BLATCHFORD, TY SCOTT M.	PE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:	-	
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	ISES:	
72 SEAT FULL SERVICE RESTAURA ENTRANCE IN REAR TO PARKING STORAGE TO REAR AND BASEMEN	LOT/ SEPARATE DIN	
the renewed license will be o     the licensee has complied wire     the premises are now open for SIGNED BY	th all laws of the Commor business (If not explain	nonwealth relating to taxes; and in below)
Individual, Partne	er or Authorized Corpor	rate Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: Note: Note)
Acts of 2004, signed by the building it	nspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 065000025		CITY OR TOWN MANCHESTER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: NICHOLAS, DOING BUSINESS A NICHOLAS		
ADDRESS 40 BEACH ST # D		
CITY/TOWN: MANCHESTER	STATE: MA	ZIP CODE: 01944
MANAGER: WEBSTER, DINISI	E TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
	AIN ROOM WITH BAR A	AREA, OFFICETWO BATHROOMS, TRANCE AT PARKING LOT WITH AN
I hereby certify and swear under per	nalties of perjury that:	
	d with all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and tin below)
SIGNED BY Individual, P.	artner or Authorized Corpor	rate Officer
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildi	ng inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 065000026		CITY OR T	OWN MANCHE	ESTER
APPLICATION FO	R RENEWAL:	Annual	]	LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	AMARAL-BAIL	EY POST #113 AN	I. LEGION DEF	PT. OF MA.	
DOING BUSINESS	A				
ADDRESS 14 CHU	RCH STREET				
CITY/TOWN: MA	NCHESTER	STATE: M	A ZIP CO	DE: 01944	
MANAGER: CAR DAV	· · · · · · · · · · · · · · · · · · ·	YPE OF LICENSE:	Club	CATEGORY:	: All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
WOOD BUILDING CLUB ROOM-ONE REAR OF HALL					
I hereby certify and	swear under penalti	es of perjury that:			
1. the renev	ved license will be o	of the same type for	the same premis	es now licensed;	
2. the licens	see has complied wi	ith all laws of the Co	ommonwealth re	lating to taxes; and	
3. the prem	ises are now open for	or business (If not e	xplain below)		
SIGNED BY					
	Individual, Partn	er or Authorized Co	orporate Officer		
DATE					
DATE:	TELEPHO	ONE NUMBER:		PLOYER IDENTIFICA <u>NOT</u> Individual Social	
			(1 <b>vo</b> te. <u>1</u>	MOT Ilidividuai Sociai	Security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	ed by the building i	inspector and the h	ead of the fire o	department for the	e above
Please Check Below:			LOCAL L	ICENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					



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LICENSE NUMBE	R: 065000027		CITY OR TOV	VN MANCHE	SIEK
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ESSEX COUNTY	CLUB			
DOING BUSINESS	Α				
ADDRESS 153 SCI	HOOL STREET				
CITY/TOWN: MA	NCHESTER	STATE: MA	ZIP CODE	: 01944	
MANAGER: LEM	IIRE,BRYANT TY	PE OF LICENSE: C	lub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
FIRST FLOOR 5 ROFLOOR	OOMS. 2ND FLOOI	R 3 ROOMS. DININ	NG ROOM, PORC	CH AND BAR O	N FIRST
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	ved license will be of	the same type for the	ne same premises i	now licensed;	
2. the licens	see has complied with	h all laws of the Cor	nmonwealth relati	ng to taxes; and	
3. the prem	ises are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICATE  Individual Social S	
Acts of 2004, signe	ed, attest that we are d by the building in (2) the certificate o	spector and the he	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	ain)				
(11 αισαρριόνου έχρι	u111 <i>)</i>				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 0650000	)28	CITY OR TOWN	MANCHEST	ER
APPLICATION FOR RENEW	Annual Annual	Annual LICENSED FOR 2013		3
	CLASS		Y	EAR
LICENSEE NAME: MANCE DOING BUSINESS A	HESTER BATH & TENNIS C	LUB INC.		
ADDRESS 27 RAYMOND ST	REET			
CITY/TOWN: MANCHESTI	ER STATE: MA	ZIP CODE:	01944	
MANAGER:	TYPE OF LICENSE: C	lub C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSE		AND LOCKEDS DI		
ONE STORY WOODEN BUIL		AND LUCKERS BE	ENEATH	
I hereby certify and swear under the renewed license	er penaities of perjury that: will be of the same type for th	e same premises now	licensed:	
	applied with all laws of the Com	•		
	w open for business (If not exp	•		
SIGNED BY Individu	al, Partner or Authorized Corp	oorate Officer		
DATE: TI	ELEPHONE NUMBER:		R IDENTIFICATIO	
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the cert of 2010.	uilding inspector and the hea	ad of the fire depart	ment for the al	bove
Please Check Below:		LOCAL LICENS	SING AUTHOR	RITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
* '				
DATE:				
APPLICATION FOR RENEWAL MUST B	E FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 16A)	)



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LICENSE NUMBER: 065000029	CITY OR TOWN MANCHESTER
APPLICATION FOR RENEWAL: Annu	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: SINGING BEACH CLUB, INC. DOING BUSINESS A	
ADDRESS 117 BEACH STREET	
CITY/TOWN: MANCHESTER STATE:	MA ZIP CODE: 01944
MANAGER: FRITSCH, AMBER TYPE OF LICEN	SE:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
117 BEACH STREETSINGLE STORY CLUBHOUSE CONSISTING OF AN ENTRANCE FOYER, KITCHEN AND DINING ROOM AND RELATED BATHHOUSES, MULTIPLE ENTRANCES AND EXITS	
I hereby certify and swear under penalties of perjury tha	t:
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the	e Commonwealth relating to taxes; and
3. the premises are now open for business (If no	ot explain below)
SIGNED BY Individual, Partner or Authorized	l Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	ne head of the fire department for the above
Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below:	ne head of the fire department for the above
Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:	ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts
Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:	ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY